

Secretary of State Statement of Information

SI-100

(California Nonprofit, Oredit Union and Semeral Segmentive Consorations)

Trust having corporate powers

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00;

Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

THE LELAND STANFORD JUNIOR UNIVERSITY

FILED Secretary of State State of California

FEB 0 1 2018

2. 7-Digit Secretary of State File Number

C1264149

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
450 Serra Mall, Building 10	Stanford	CA	94305
b. Mailing Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code
Office of the President, Building 10	Stanford	CA	94305

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer 4. Officers or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a, Chief Executive Officer/ First Name	Middle Name	Last Name			Suffix	
Marc		Tessier-Lavigne	,			
Address		City (no abbreviations)	State	Zip Code	'	
450 Serra Mali, Building 10		Stanford	CA	94305		
b. Secretary First Name	Middle Name	Last Name			Suffix	
Philip		Taubman				
Address		City (no abbreviations) State Zip Co		Zip Code	'	
365 Lausen Street, Room 285		Stanford CA		94305		
c, Chief Financial Officer/ First Name	Middle Name	Middle Name Last Name			Suffix	
Randall	\ S.	S. Livingston			ļ	
Address	1	City (no abbreviations)	State	Zip Code	·	
408 Panama Mall, 3rd Floor		Stanford	CA	94305		

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
Debra	L.	Zumwalt			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
450 Serra Mall, Building 170, 3rd Floor	Stanford		CA	94305	

CORPORATION - Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 5a or 5b

Common Interest Development	nts
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Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The information contained herein, including in any attachments, is true and correct.

Type or Print Name of Person Completing the Form

Debra L. Zumwalt

VP/Gen. Counsel

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SI-100 (REV 01/2017)